2018 Current Fiscal Year Report: Board of Scientific Counselors Office of Infectious Diseases

Report Run Date: 06/05/2019 08:41:43 AM

1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2018

3. Committee or Subcommittee	3b. GSA Committee No.
Board of Scientific Counselors Office of Infectious Diseases	812

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	10/31/2017	10/31/2019	

8a. Was Terminated During FiscalYear?	8b. Specific Termination Authority	8c. Actual Term Date
No		

9. Agency Recommendation for Next FiscalYear	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue	Not Applicable	Not Applicable

11. Establishment Authority Authorized by Law

12. Specific Establishment Authority	13. Effective Date	14. Commitee Type	14c. Presidential?
42 U.S.C. 217a	11/17/1962	Continuing	No

15. Description of Committee Scientific Technical Program Advisory Board

16a. Total Number of Reports 1

16b. Report Date	Report Title
05/01/2018	Annual Report to the Secretary, Department of Health and Human Services, 2017 (by the Food Safety Modernization Act Surveillance Working Group, BSC, OID)

Number of Committee Reports Listed: 1

17a. Open 2 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 2

Meetings and Dates

Purpose	Start	End
The full Board meeting included discussions on priority issues for CDC and the infectious disease national centers, including waterborne diseases, antimicrobial resistance, hepatitis A outbreaks, and vaccination coverage. Also included were reports back from the five other infectious-disease-related CDC federal advisory committees as well as a report back from the Board's Food Safety Modernization Act Surveillance Working Group.	12/06/2017	12/07/2017

The full Board meeting included discussions on infectious disease priority issues, including CDC's High Containment Laboratory Initiative; the opioid epidemic; and antimicrobial resistance (AR), with an update on CDC's activities to reduce AR and an update on AR activities by USDA/APHIS's Veterinary Services. 05/02/2018 - 05/03/2018 Also included were a discussion with the CDC Director, an update on public health workforce development, and a report back from the Board's Infectious Disease Laboratory Working Group.

Number of Committee Meetings Listed: 2

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	$7,625.00	$46,250.00
18a(2). Personnel Pmts to Federal Members	$0.00	$0.00
18a(3). Personnel Pmts to Federal Staff	$230,800.00	$229,813.00
18a(4). Personnel Pmts to Non-Member Consultants	$0.00	$0.00
18b(1). Travel and Per Diem to Non-Federal Members	$30,116.00	$46,030.00
18b(2). Travel and Per Diem to Federal Members	$0.00	$0.00
18b(3). Travel and Per Diem to Federal Staff	$1,915.00	$1,930.00
18b(4). Travel and Per Diem to Non-member Consultants	$4,212.00	$5,505.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	$23,238.00	$23,475.00
18d. Total	$297,906.00	$353,003.00
19. Federal Staff Support Years (FTE)	1.25	1.22

20a. How does the Committee accomplish its purpose?

The Board provides critical advice and direction to CDC Office of the Director and the infectious disease national centers on improving the Agency's efforts to prevent and control infectious diseases. The Board comprises a highly respected and diverse group of nationally and internationally recognized experts, who bring extensive experience to help CDC ensure sound public health policies and programmatic balance for current and emerging infectious disease threats. Their candid advice and critiques help to improve program focus and maximize program effectiveness. Throughout the years, the Board has provided valuable advice to CDC for strengthening public health capacity at the national, state, and local levels; enhancing preparedness to address new diseases and public health challenges; developing new tools for detecting and controlling infectious diseases; and implementing science-based programs to prevent the spread of infectious diseases. The Board's global scientific expertise plays an integral role in helping CDC's infectious disease programs stay abreast of current health trends and appropriate scientific directions, thereby ensuring the highest quality prevention and control efforts.

20b. How does the Committee balance its membership?

The Board consists of 17 public members, including the Chair. Members are selected by the Secretary from authorities knowledgeable in the fields relevant to the issues addressed by the infectious disease national centers (e.g., respiratory diseases, antimicrobial resistance, zoonotic and vector-borne diseases, sexually transmitted diseases) and specialties, including clinical and public health practice (including state and

local health departments), research and diagnostics, bioinformatics, health policy/communications, and industry, as well as from the general public. The Board provides the expertise to help strengthen these disciplines and the scientific validity of CDC's infectious disease programs. In addition to the broad professional expertise, a diverse membership, including the geographical location of members, helps to ensure that the committee provides a well-balanced perspective.

20c. How frequent and relevant are the Committee Meetings?

The full Board convened twice in FY 2018 through two, in-person, 2-day meetings. Between meetings, the Board is kept abreast of CDC's infectious disease activities through periodic emails and informational calls. In addition, the Board's Food Safety Modernization Act (FSMA) Surveillance Working Group met twice through in-person, 2-day meetings and its Infectious Disease (ID) Laboratory Working Group met once through a 1-day, in-person meeting during FY 2018. In addition, the newly formed Vector-borne Diseases Workgroup of the BSC/OID and the Board of Scientific Counselors, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry, met once through a teleconference. The efforts of the full Board and its working groups in updating and prioritizing goals and directions to meet both ongoing and evolving public health needs for infectious diseases are critical to national and global health. An important component of the activities of the Board and its working groups is ensuring that the public health, clinical, and research communities are aware of and focused on changing health challenges and priorities. The Board's advice is extremely beneficial to the CDC Director; the Deputy Director for Infectious Diseases; the Directors of the infectious disease national centers; and the scientists and managers within the programs. Examples of the Board's activities over the past fiscal year include providing information to 1) help advance CDC's efforts to address the U.S. opioid epidemic, including reducing infections associated with opioid use; 2) identify and reduce the burden of waterborne diseases in the United States; 3) advance CDC efforts to reduce antimicrobial resistance, including actions outlined by the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria; 4) better understand and control outbreaks of hepatitis A virus in the United States; and 5) help advance CDC's efforts to train the next generation of public health workers. The Board also provided comments on action steps proposed by the FMSA Surveillance Working Group and the Infectious Disease Laboratory Working Group. The FMSA Surveillance Working Group is charged with providing advice to CDC, the U.S. Food and Drug Administration (FDA), and HHS (e.g., through the BSC/OID) on ways to enhance foodborne illness surveillance. Examples of the group's work during FY 2018 include providing guidance on 1) foodborne illness surveillance data needs and approaches to measuring the public health impact of FDA FSMA regulations; 2) the focus and goals of the Interagency Food Safety Analytics

Collaboration (IFSAC), a partnership between CDC, FDA, and the Food Safety and Inspection Service of the United States Department of Agriculture; and 3) addressing the opportunities and challenges associated with the increasing use of culture-independent diagnostic tests (CIDTs). The ID Laboratory Working Group was established in FY 2014 to help guide CDC's efforts in incorporating the use of new molecular detection tools and computing technologies into public health, ensuring that public health laboratories have access to state-of-technologies for detecting and preventing infectious disease threats. Examples of the group's work over the past fiscal year include reviewing progress and accomplishments to date of CDC's advanced molecular detection program and priorities for moving forward. The working group emphasized the importance of ensuring that CDC and the states are able to keep pace with the rapidly advancing field of molecular technologies and outlined specific strategies to meet this challenge, including ways to ensure the availability of specimens for culture as the use of CIDTs increases. The working group also highlighted the importance of onboarding data science at CDC, a discipline with applicability across the public health spectrum. The joint vector-borne diseases (VBDs) working group was established in FY 2018 under the OID and NCEH/ATSDR advisory boards to ensure broad external input on the diverse and complex issues involved in the prevention and control of VBDs. Members were selected in June, and the group held its first meeting (by teleconference) in July. The discussion focused on key issues for CDC in VBDs and vector control, including detecting and responding to exotic VBDs such as Zika and chikungunya; responding to endemic diseases such as West Nile virus; and preventing increases in tickborne diseases.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Board plays an essential role in assisting CDC and the infectious disease national centers in evaluating programs, setting priorities, and developing and achieving goals. Over this next year, the Board and its working groups will play an important role in helping CDC address several critical public health areas. Examples include improving understanding of emerging vector-borne diseases; identifying and implementing short- and long-term public health actions needed to prevent surveillance gaps, particularly regarding surveillance for foodborne illnesses, as the use of molecular detection capacities expand; advancing global health security efforts to ensure preparedness and response capacities for emerging zoonotic diseases, including diseases of pandemic potential; and advancing national and global strategies to control antimicrobial resistance and reduce healthcare-associated infections. The Board and its working groups have significant expertise in these areas that can help CDC best focus resources strategically. The broad infectious disease expertise represented on the Board and centralized in one committee does not exist elsewhere.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

No formal reports from the full Board are required; the Board provides advice and recommendations through various means other than formal reports. The Food Safety Modernization Act (FSMA) Surveillance Working Group of the BSC/OID is required by FSMA to submit annual reports to the HHS Secretary and does so through the Board.

Designated Federal Officer

Sarah Wiley Senior Advisor, Office of Infectious Diseases, CDC

Committee Members	Start	End	Occupation	Member Designation
Bennett, John	10/01/2009	12/20/2017	Chief, Clinical Mycology Section, Laboratory of Clinical Infectious Diseases, National Institute of Allergy and Infectious Diseases, National Institutes of Health	Ex Officio Member
Bennett, Nancy	09/10/2015	12/31/2018	Professor of Medicine and Public Health Sciences, University of Rochester School of Medicine and Dentistry	Representative Member
Berkelman, Ruth	12/23/2010	03/31/2018	Rollins Professor and Director, Center for Public Health Preparedness and Research, Emory University	Special Government Employee (SGE) Member
Borio, Luciana	09/13/2016	09/30/2020	Acting Chief Scientist, Food and Drug Administration	Ex Officio Member
Bradley, Kristy	09/05/2012	09/30/2019	State Epidemiologist and State Public Health Veterinarian, Oklahoma State Department of Health	Special Government Employee (SGE) Member
Brady, Michael	06/11/2014	03/31/2018	Associate Medical Director, Nationwide Children's Hospital	Special Government Employee (SGE) Member
Butler, Jay	04/23/2018	03/31/2019	Chief Medical Officer, Alaska Department of Health and Social Services; and Director, Division of Public Health	Special Government Employee (SGE) Member
Campbell, Sheldon	03/09/2017	06/30/2019	Associate Director, Pathology and Laboratory Medicine Service/113, VA Connecticut Healthcare System	Representative Member
Cole, Barbara	03/25/2014	06/30/2021	TB Controller, Riverside County Department of Public Health	Representative Member
Duchin, Jeffrey	10/01/2016	09/30/2020	Health Officer and Chief, Communicable Disease Epidemiology and Immunization Section, Public Health – Seattle and King County	Special Government Employee (SGE) Member
Elmslie, Kimberly	02/02/2018	09/30/2021	Vice-President, Infection Disease Prevention and Control, Public Health Agency of Canada	Representative Member
Erbelding, Emily	01/18/2017	01/31/2021	Director, Division of Microbiology and Infectious Diseases, National Institute of Allergy and Infectious Diseases, National Institutes of Health	Ex Officio Member
Glowinski, Irene	09/15/2016	09/30/2020	Deputy Director, Division of Microbiology and Infectious Diseases, National Institute of Allergy and Infectious Diseases, National Institutes of Health	Ex Officio Member

Hayden, Mary	10/05/2016	09/30/2019	Director, Division of Clinical Microbiology, Rush Medical Laboratories, Rush University Medical Center	Special Government Employee (SGE) Member
Hinton, Denise	11/17/2017	09/30/2021	Acting Chief Scientist, Food and Drug Administration	Ex Officio Member
Jones, Timothy	06/09/2014	09/30/2021	State Epidemiologist, Communicable and Environmental Diseases and Emergency Preparedness, Tennessee Department of Health	Special Government Employee (SGE) Member
Keshavjee, Salmaan	09/23/2015	03/31/2019	Associate Professor, Department of Global Health and Social Medicine and Department of Medicine, Harvard Medical School	Special Government Employee (SGE) Member
Lautner, Elizabeth	10/09/2012	09/30/2020	Associate Deputy Administrator, Science, Technology and Analysis Services, Animal and Plant Health Inspection Service, US Department of Agriculture	Ex Officio Member
Le Duc, James	09/22/2016	09/30/2019	Director, Galveston National Laboratory, University of Texas Medical Branch	Special Government Employee (SGE) Member
Loeffelholz, Michael	09/14/2015	03/31/2019	Senior Director of Medical Affairs, Cepheid	Special Government Employee (SGE) Member
Lynfield, Ruth	06/16/2014	09/30/2021	State Epidemiologist and Medical Director, Minnesota Department of Health	Special Government Employee (SGE) Member
Maldonado, Yvonne	09/30/2016	09/30/2019	Professor, Department of Pediatrics, Division of Infectious Disease, Stanford University School of Medicine	Special Government Employee (SGE) Member
Mera, Jorge	03/10/2017	11/30/2018	Director, Infectious Diseases, Cherokee Nation, W.W. Hastings Indian Hospital	Representative Member
Pavia, Andrew	09/30/2011	03/31/2019	George and Esther Gross Presidential Professor and Chief of Division of Pediatric Infectious Disease, University of Utah	Special Government Employee (SGE) Member
Philip, Susan	03/10/2017	11/30/2019	Deputy Health Officer and Director, Disease Prevention and Control, Population Health Division, San Francisco Department of Public Health	Representative Member
Riddle, Mark	09/12/2017	09/30/2021	Chair and Professor, Department of Preventive Medicine and Biostatistics, Uniformed Services University of the Health Sciences, US Department of Defense	Ex Officio Member
Riley, Lee	06/17/2014	09/30/2021	Professor and Chair, Division of Infectious Diseases and Vaccinology, School of Public Health, University of California, Berkeley	Special Government Employee (SGE) Member
Ruiz-Palacios, Guillermo	11/24/2014	09/30/2022	Professor and Director, National Institutes of Health and Tertiary Referral Hospitals, Mexico	Representative Member
Sharp, Susan	07/03/2013	09/30/2020	Scientific Director--USA, Copan Diagnostics, Inc.	Special Government Employee (SGE) Member
Talkington, Kathryn	04/27/2018	09/30/2021	Project Director, Antibiotic Resistance Project, The Pew Charitable Trusts	Special Government Employee (SGE) Member

Tam, Theresa	07/19/2016	02/01/2018	Chief Public Health Officer of Canada, Public Health Agency of Canada	Representative Member
Taylor, Jill	08/29/2012	09/30/2019	Director, Wadsworth Center, New York State Department of Health	Special Government Employee (SGE) Member
Temte, Jonathan	05/01/2018	09/30/2021	Professor, Department of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health	Special Government Employee (SGE) Member
Wagner, Bruce	04/27/2018	09/30/2021	Director, Center for Epidemiology and Animal Health, Veterinary Services, Animal and Plant Health Inspection Service, US Department of Agriculture	Ex Officio Member
Wasserheit, Judith	09/30/2011	03/31/2019	William H. Foege Chair of Department of Global Health, Professor of Global Health and Medicine, and Adjunct Professor of Epidemiology, University of Washington	Special Government Employee (SGE) Member
Wharton, Melinda	03/13/2018	08/24/2018	Acting Director, National Vaccine Program Office	Ex Officio Member
Yokoe, Deborah	01/19/2016	06/30/2019	Medical Director, Hospital Epidemiology and Infection Control, University of California, San Francisco	Representative Member

Number of Committee Members Listed: 37

Narrative Description

The full Board convened twice in FY 2018 through two, in-person, 2-day meetings. Between meetings, the Board is kept abreast of CDC's infectious disease activities through periodic emails and informational calls. In addition, the Board's Food Safety Modernization Act (FSMA) Surveillance Working Group met twice through in-person, 2-day meetings and its Infectious Disease (ID) Laboratory Working Group met once through a 1-day, in-person meeting during FY 2018. In addition, the newly formed Vector-borne Diseases Workgroup of the BSC/OID and the Board of Scientific Counselors, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry, met once through a teleconference. The efforts of the full Board and its working groups in updating and prioritizing goals and directions to meet both ongoing and evolving public health needs for infectious diseases are critical to national and global health. An important component of the activities of the Board and its working groups is ensuring that the public health, clinical, and research communities are aware of and focused on changing health challenges and priorities. The Board's advice is extremely beneficial to the CDC Director; the Deputy Director for Infectious Diseases; the Directors of the infectious disease national centers; and the scientists and managers within the programs. Examples of the Board's activities over the past fiscal year include providing information to 1) help advance CDC's efforts to address the U.S. opioid epidemic, including reducing infections associated with opioid use; 2) identify and reduce the burden of waterborne diseases in the United States; 3) advance CDC efforts to reduce antimicrobial resistance, including actions outlined by the Presidential Advisory Council on

Combating Antibiotic-Resistant Bacteria; 4) better understand and control outbreaks of hepatitis A virus in the United States; and 5) help advance CDC's efforts to train the next generation of public health workers. The Board also provided comments on action steps proposed by the FMSA Surveillance Working Group and the Infectious Disease Laboratory Working Group. The FMSA Surveillance Working Group is charged with providing advice to CDC, the U.S. Food and Drug Administration (FDA), and HHS (e.g., through the BSC/OID) on ways to enhance foodborne illness surveillance. Examples of the group's work during FY 2018 include providing guidance on 1) foodborne illness surveillance data needs and approaches to measuring the public health impact of FDA FSMA regulations; 2) the focus and goals of the Interagency Food Safety Analytics Collaboration (IFSAC), a partnership between CDC, FDA, and the Food Safety and Inspection Service of the United States Department of Agriculture; and 3) addressing the opportunities and challenges associated with the increasing use of culture-independent diagnostic tests (CIDTs). The ID Laboratory Working Group was established in FY 2014 to help guide CDC's efforts in incorporating the use of new molecular detection tools and computing technologies into public health, ensuring that public health laboratories have access to state-of-technologies for detecting and preventing infectious disease threats. Examples of the group's work over the past fiscal year include reviewing progress and accomplishments to date of CDC's advanced molecular detection program and priorities for moving forward. The working group emphasized the importance of ensuring that CDC and the states are able to keep pace with the rapidly advancing field of molecular technologies and outlined specific strategies to meet this challenge, including ways to ensure the availability of specimens for culture as the use of CIDTs increases. The working group also highlighted the importance of onboarding data science at CDC, a discipline with applicability across the public health spectrum. The joint vector-borne diseases (VBDs) working group was established in FY 2018 under the OID and NCEH/ATSDR advisory boards to ensure broad external input on the diverse and complex issues involved in the prevention and control of VBDs. Members were selected in June, and the group held its first meeting (by teleconference) in July. The discussion focused on key issues for CDC in VBDs and vector control, including detecting and responding to exotic VBDs such as Zika and chikungunya; responding to endemic diseases such as West Nile virus; and preventing increases in tickborne diseases.

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	✓
Trust in government	
Major policy changes	
Advance in scientific research	✓

Effective grant making	☐
Improved service delivery	✓
Increased customer satisfaction	✓
Implementation of laws or regulatory requirements	☐
Other	☐

Outcome Comments

N/A

What are the cost savings associated with this committee?

	Checked if Applies
None	☐
Unable to Determine	✓
Under $100,000	☐
$100,000 - $500,000	☐
$500,001 - $1,000,000	☐
$1,000,001 - $5,000,000	☐
$5,000,001 - $10,000,000	☐
Over $10,000,000	☐
Cost Savings Other	☐

Cost Savings Comments

The Board's advice and guidance to CDC's infectious disease programs could impact cost savings in numerous ways. Through their broad expertise, the members help identify new strategies and opportunities to better target and focus prevention and control efforts, including strengthening existing and building new public-private partnerships. The Board has also been instrumental in helping enhance collaborations across federal organizations, leading to improved responses as well as decreased overlap.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

140

Number of Recommendations Comments

Recommendations were made to the decision maker during meetings and through meeting reports, and to the HHS Secretary through the FSMA Working Group's annual report. Examples of recommendations and individual comments provided during FY 2018 include the need for CDC to 1) determine ways to strengthen the public health workforce, including increasing recruitment to the Epidemic Intelligence Service in response to recent

decreases in applications; 2) provide additional guidance to hospital administrators in the use of data from CDC surveillance systems for preventing healthcare-associated infections; 3) maximize resources to address waterborne diseases through increased focus on transmission routes (instead of on pathogens) and through linkages with foodborne disease surveillance; 4) work through the Prevention and Stewardship Working Group of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB) to include issues related to companion animals and veterinary medicine; 5) consider promoting in other countries strategies similar to those used in the United States to address latent TB infection; 6) consider expanding the continuum-of-care approach to HIV to include TB and STDs; 7) consider evaluating whether the implementation of molecular testing for group B streptococcal disease has been a cost-effective way to reduce the incidence of infection; 8) support investments in improved availability of antivirals and increased public health messaging to reduce influenza; 9) help countries incorporate technical innovations and efficiencies into medical and public health practices; and 10) continue to focus on populations at risk for both opioid use and infections, including developing guidelines for joint treatment of substance abuse disorder and associated infections. As part of its responsibilities to advance FSMA, the the Board recommended that CDC and its partners 1) improve data on sporadic cases as well as outbreaks of foodborne diseases; 2) continue to evaluate the impact of CIDTs on the epidemiology of foodborne diseases and provide specific guidance on preserving isolates as a short-term solution; 3) increase state-level informatics capacity to address foodborne diseases; and 4) improve sharing of data on foodborne diseases with partners such as regulators and industry. In response to guidance provided by the Infectious Disease Laboratory Working Group (IDLWG), the Board recommended steps to optimize the use of big data and to meet the transformative and disruptive changes resulting from the expanding use of CIDTS. These include working with other federal agencies to consider regulatory issues related to CIDT use and develop model language for CIDT product inserts that outline public health needs.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?
35%

% of Recommendations Fully Implemented Comments
The joint vector-borne diseases (VBDs) working group, recommended by the OID and NCEH/ATSDR advisory boards in FY 2017, was established and held its first meeting by teleconference in FY 2018. An initial report back on the workgroup’s discussion will be provided to the full board in FY 2019. Efforts to meet many of the recommendations from the BSC submitted to the HHS Secretary as part of the FSMA Surveillance Working

Group's 2016 annual report are underway, including focus on monitoring the expanding use of CIDTs and ensuring the availability of bacterial isolates, and working with states to improve molecular epidemiologic capacity—activities which also meet challenges identified by the Infectious Disease Laboratory Working Group. CDC's efforts to reduce antibiotic resistance also include focus on building molecular detection capacity at multiple levels. Much of the advice for consideration regarding opioid-associated infections is being addressed through the Agency-wide effort to combat the opioid epidemic.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?
55%

% of Recommendations Partially Implemented Comments
Recommendations and advice for consideration regarding ways to reduce opioid-associated infections are being addressed through the Agency-wide effort to combat the opioid epidemic. Recommendations and advice for consideration regarding the need for improved data sharing are also underway, with data on an increasing number of pathogens being rapidly uploaded into a public database to allow immediate access by academic and industry partners.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?
Yes ☑ No ☐ Not Applicable ☐

Agency Feedback Comments
Each Board meeting includes a time for updating progress or other feedback on recommendations received from the full Board or suggestions from individual Board members and from the working groups. Feedback is also provided less formally via email updates. Recommendations and suggestions by Board members are also regularly categorized and presented to CDC leadership.

What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	☑
Reallocated resources	☐
Issued new regulation	☐
Proposed legislation	☐
Approved grants or other payments	☐

Other	☐

Action Comments

N/A

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

N/A

How is access provided to the information for the Committee's documentation?

	Checked if Applies
Contact DFO	☑
Online Agency Web Site	☑
Online Committee Web Site	☑
Online GSA FACA Web Site	☑
Publications	☑
Other	☐

Access Comments

The full minutes of each Board meeting, which includes summaries of working group meetings, are posted on CDC's website.